

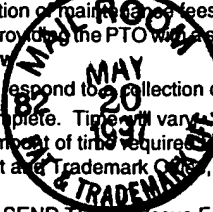
PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/429,494	04/26/95	007	PYON, H	1313 03/03/97

First Named Applicant WILLIAMSEEN, ANDERS

TITLE OF INVENTION CAPILLARY MICRODUVETTE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 003300-336	422-002.000	K12	UTILITY	YES NO	\$445.00 \$1,290.00	06/03/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 BURNS, DOANE, SWECKER & MATHIS, L.L.P.

2

3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
HEMOCUE AB

(2) ADDRESS: (CITY & STATE OR COUNTRY)
Angelholm, Sweden

6a. The following fees are enclosed:
☒ Issue Fee ☐ Advance Order - # of Copies

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) BENJON S. DUFFETT, JR., REG. NO. 22,030

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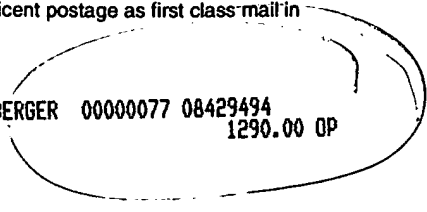
Certificate of Mailing

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